

Attorney's Docket No. U-013174-6

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Shlomo KIPNIS, et al.

Serial No.: 09/415,957

Group No.: 2132

Filed: October 8, 1999

Examiner: Minh Dinh

For: REMOTE ADMINISTRATION OF SMART CARDS FOR  
SECURE ACCESS SYSTEMS

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ATTN: Examiner Minh Dinh

Commissioner for Patents  
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Alexandria, VA 22313-1450

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I hereby certify that the following papers are being facsimile transmitted to the patent and Trademark Office on the date shown below.

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition that is required.

☒ If any additional extension and/or fee is required, charge Account 12-0425

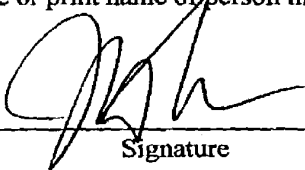
AND/OR

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JULIAN H. COHEN

Type or print name of person mailing paper)

Date: August 24, 2004

  
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Sample Form (03-04)

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

In re Application of: Shlomo KIPNIS, et al.

Application No. 09/415,957

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Title: REMOTE ADMINISTRATION OF SMART CARDS FOR  
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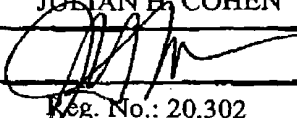
Art Unit 2132

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
SANFORD T. COLB, Esq.	Reg. No.: 26856

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

**SIGNATURE of Practitioner of Record**

Name	JULIAN H. COHEN		
Signature		Date	August 24, 2004
Registration Number	Reg. No.: 20,302	Telephone	212-708-1887

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